



## TESTIMONY

Submitted by Coco Sellman, Founder & CEO  
Allumé Home Care and Co-Owner of All Pointe Home Care

Appropriations Public Hearing on the Governor's Proposed FY 23 Budget Adjustments for Conservation  
and Development Agencies

February 16, 2022

### **H.B. No. 5037 (COMM) AN ACT ADJUSTING THE STATE BUDGET FOR THE BIENNIUM ENDING JUNE 30, 2023**

To the Chairs, Vice Chairs, Ranking Members and distinguished members of the Appropriations Committee, my name is Coco Sellman, I am the Founder of Allumé Home Care and Co-Owner of All Pointe Home Care, a CT home health provider. I'd like to address HB 5037: An Act Adjusting the State Budget for the Biennium as it pertains to our current critical Workforce challenges.

All Pointe Home Care is a CT-licensed and Medicare-accredited home health provider serving 70+ towns with in-home nursing, physical therapy, occupational therapy, speech therapy, social work, and home health aide services. We specialize in **in-home complex nursing care of technology-dependent, medically fragile** children and adults with tracheostomies, ventilators, g- and j-feeding tubes, and other intensive at-home medical interventions. We also specialize in pediatric home health services, including **pediatric behavioral health** and **pediatric diabetes care**.

Home health agencies like mine have struggled with workforce challenges for more than a decade. Given that prior to last year, we did not receive a home health rate increase in over a decade, we have struggled to offer competitive wages to our nurses, home health aides, and therapists.

During the pandemic home health and hospice providers (and non-medical) HMC agencies have suffered as much as **20% loss of workforce**. Nurses, therapists (OT, PT, ST, SW), and home health aides have left home health for other care settings that can pay more and offer better benefits.

The workforce issues compounded during the pandemic due to piled on costs to provide care with added inflationary impact. Other sectors received added funding in last year's budget to assist with attracting staff, offering "stay" and "sign-on" bonuses—home health did not. We suffered by losing staff at an alarming rate to these entities who were able to pay more money, offer more benefits and overall, be far more competitive.

A good start (but by no means a final solution) to helping us get stabilized came from the ARPA HCBS funding proposed in August of 2021. Unfortunately, only partial funding came through in late January due to CMS approval delays and state plan amendment bureaucratic processes. We are still awaiting full approval from CMS to implement the final phases.



The result?...Greatly reduced staffing, resulting in fewer Medicaid cases served in the community, less revenue for the providers and higher costs of care for the state...a vicious, unnecessary cycle.

**To add to our Workforce woes, we have burdensome time-consuming hiring and onboarding processes mandated by our state regulations:**

- We are required to comply with the state's ABCMS fingerprinting process at the state police barracks for an added cost of \$120 per hire. Processing time averages 2-3 weeks wait but as long as 3 months!
- CT is NOT a compact licensure state allowing RNs from other states to be hired using a shared licensure process.
- Onboarding and orienting staff in home health is unique as we must do so in people's homes—not in a facility where multiple staff can be oriented at one time.
- Home Health Aides (HHAs) are a required role called out in both our Medicare and state regulations—the role is becoming less and less desirable compared to the preferred PCA under state-funded waiver programming. Example, HHAs are assigned up to 6-7 cases per day usually at 1-hour clips requiring them to travel (in their own cars) to each home. PCAs can often work in one home for an all-day or evening shift (minimal travel).

**We need help preventing the continued loss of our skilled professionals right now.** Attrition is causing agencies like mine to not be able to accept new patient referrals. Access to home health services is in dire straits. In addition to helping grow the future workforce, we also need immediate measures to stop the bleeding.

**We urge this subcommittee of the Appropriations to reconsider immediate investment in our workforce. Some areas to consider could be:**

1. **Funding to retain current employees through stay bonuses** can counteract other offers with higher pay, more benefits, and generous signing bonuses. Travel nursing and COVID vaccine/testing positions have offered nurses hourly rates double what home health can possibly afford.
2. **Grants to build mentorship and preceptor programs** where we can hire and train less experienced nurses. This is critical for training home health nurses, as we don't have the benefit of training people in a group or on-the-job in a brick-and-mortar setting.
3. **Dollars to invest in recruiting to attract healthcare workers.** We can't compete with the large recruiting budget of hospital systems whose marketing dollars steal the attention of all available nurses.
4. **Approve CT to become a RN Licensure Compact state.** This will immediately help us have access to more nurses.



**What is creating the nurse shortage?**

- A shortage in nursing school faculty is restricting nursing program enrollments.
- A significant percentage of nurses are retiring. Nurses choosing to retire has accelerated in the pandemic.
- Our aging and disabled population demands more nurses and other healthcare workers.
- Heightened job stress has causes nurses, home health aides, and other healthcare workers to leave the profession.

**What is the impact of the nursing shortage on patients in Connecticut?** Patients are not able to receive in-home care. Providers are unable to take new patients because they do not have the nurses, home health aides, or therapists needed to care for them.

The Workforce bleeding must be stopped or there will be no one to care for the tens of thousands of people who want to receive care in their homes.

Thank you for the opportunity to provide testimony. Feel free to contact me with any questions.

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